



JOONDALUP health campus

ANNUAL REPORT 2006 - 2007


JOONDALUP
HEALTH CAMPUS


RAMSAY
HEALTH CARE

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ABOUT
joondalup
health campus

JHC PROVIDES HIGH QUALITY HEALTH CARE CARE TO THE RAPIDLY GROWING POPULATION OF PERTH'S NORTHERN SUBURBS.

History

The privately operated Joondalup Health Campus (JHC) provides a range of hospital and health services for both public and private patients. It was established in June 1996 when the Western Australian Government appointed Health Care of Australia to operate the existing Wanneroo public hospital and transform it into a modern health campus.

The project involved the construction of a new private hospital, a new emergency department, refurbishing and extending the public hospital and providing a range of new services.

Contractual Obligations

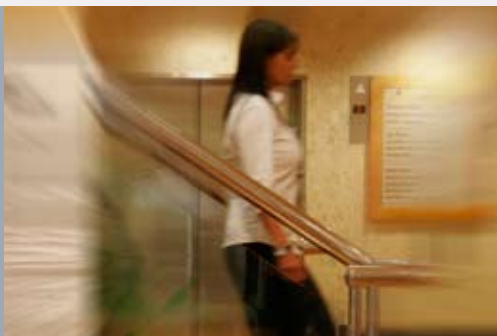
The current operator of JHC (Ramsay Health Care) holds a 20-year contract to provide a range of public services on behalf of the Western Australian Government. The contractual agreement with the WA Department of Health specifies an annual maximum operating budget and required levels of activity for services to public patients.

The agreement sets objective standards for the provision of high quality health care. It requires regular reporting on a wide range of indicators to ensure that these standards are met.

The contract also allows the operator to provide private health care services from the campus.

Public or Private – Your Choice

Joondalup Health Campus is a 379 bed facility comprising a public and private hospital, providing high quality health care to the rapidly growing population of Perth's northern suburbs. Patients who choose to be admitted to Joondalup Private Hospital will receive admission under the specialist of their choice, as well as single or shared room accommodation equipped with private amenities. The co-location of Joondalup Private Hospital at JHC provides private patients with the assurance of timely access to comprehensive hospital services including emergency, coronary, intensive and neonatal special care units as well as 24 hour on-site medical backup.



ACTIVITIES and services

JHC is committed to quality care and provides a comprehensive range of services. These include:

- A 10-bed Intensive Care/Coronary Care Unit
- A 4-bed Nurse Specials Unit
- A comprehensive Emergency Department
- A dedicated Paediatric Ward
- A purpose-built Mental Health Unit, including secure accommodation
- Dedicated Day Surgery and Endoscopy Units
- A purpose built Restorative and Day Therapy Unit
- Day Oncology/Chemotherapy Services
- An Operating Suite comprising seven theatres, a central sterile supply unit and a 12-bay recovery ward
- A Renal Dialysis service
- A Level II Nursery
- A full range of Allied Health services including:
 - Physiotherapy
 - Occupational Therapy
 - Dietetics
 - Speech Pathology
 - Social Work
- A gymnasium and hydrotherapy pool
- A clinical library
- On-site 24 hour Medical Imaging (Radiology) Services
- On-site 24 hour Pathology
- Nuclear Medicine
- A pharmacy
- Pastoral care





JHC IS COMMITTED TO QUALITY CARE AND PROVIDES A COMPREHENSIVE RANGE OF SERVICES.

MEDICAL and surgical specialties

Aged Care and Rehabilitation
Anaesthetics
Cardiology
Dental
Ear, Nose and Throat
Emergency Medicine
Facio-Maxillary
Gastroenterology
General Medicine
General Practice
General Surgery
Gynaecology
Infectious Diseases
Intensive Care
IVF

Neurology
Neurosurgery
Obstetrics
Oncology
Ophthalmology
Orthopaedics
Paediatric Medicine
Paediatric Surgery
Palliative Care
Plastic and Reconstructive Surgery
Psychiatry
Renal
Respiratory
Rheumatology
Urology
Vascular Surgery

CHIEF executive officer's report

Kempton Cowan

Welcome to the twelfth Annual Report of the Joondalup Health Campus.

The hospital remains highly focused on providing high-quality clinical care to the residents of Perth's northern suburbs. The 2006/2007 financial year has been one of growth, combined with a focus on preparations for significantly greater growth in the future. In absolute terms, JHC provided care for well over 100,000 people during the year.

2006/2007 was the first full year that JHC operated as a Ramsay Health Care facility. Ramsay Health Care was established in 1964 and has grown to become the largest and most respected private hospital operator in the country. It has a high-quality portfolio of hospitals and an excellent record in management and patient care, features that combine to attract Australia's leading practitioners. The culture of innovative, customer-focused care and service has established Ramsay Health Care as one of the best private health care providers in Australia.

JHC continues to progressively broaden the range of services it provides to the local community:

- The number of patients treated in our Emergency Department increased by 11% to more than 52,000 attendances
- The number of patients seen in our After Hours GP Service increased by 13% to more than 13,000 patients
- The number of births increased by more than 6% to almost 1,900 births
- The number of surgical procedures increased by 3% to more than 15,000.

Overall, inpatient admissions and bed days increased by 1% to 38,817 admissions and 113,284 patient days.

With excellent co-operation from our specialists, JHC was able to increase surgical activity resulting in a reduction in the number of patients on the hospital's waiting list. The total number of patients waiting fell by 21%, from 2,044 patients in July 2006 to 1,608 patients in June 2007.

Other significant achievements over the year include:

- The continued integration of JHC into the Ramsay Health Care group
- Continued improvements in communications with GPs in the northern suburbs
- Enhanced co-operation and liaison with the Osborne Division of General Practice resulting in improved services to our local community
- An increased level of engagement with the University of Western Australia, including the appointment of Dr Alistair Vickery as the inaugural Associate Professor of Primary Health Care, enabling the establishment of the Outer Urban Clinical School based at JHC
- Continued involvement at a strategic and operational level with the WA public health sector, primarily with the North Metropolitan Area Health Service, Women's and Children's Health Service and Western Australian Country Health Services.

Ramsay Health Care and JHC's Executive continue to work closely with the State Government, Department of Health and North Metropolitan Area Health Service on the final form of the redevelopment of the hospital. Both the State Government and Ramsay Health Care are planning to invest significantly in upgrading expanding facilities. All these initiatives are aimed at enabling the hospital to accommodate growing service demands over coming years.

JHC IS COMMITTED TO QUALITY CARE AND PROVIDES A COMPREHENSIVE RANGE OF SERVICES.

JHC also works closely with the community to ensure our services are relevant and appropriate to local needs.

The second Paediatric Ward Fundraising Ball was held in May 2007 and was again a success, raising approximately \$60,000 for additional facilities for the children of Perth's northern suburbs. JHC's Executive continues to support local events and organisations including the Valentine's Day Concert, Hawaiian Ride for Youth, Variety WA Bash 2007 and the Activ Foundation's City to Surf fun run.

The hospital's Community Board of Advice has an important role in ensuring an effective nexus to local community views. Under the Chairmanship of Dr John Croser, Board members have actively provided invaluable advice to the hospital's Executive team and assisted us to improve strategies for services provided to patients. I am most appreciative of the time and energy Board members put into their role.

The hospital's Medical Advisory Committee, under the Chairmanship of orthopaedic surgeon Mr Tony Geddes, has also been instrumental in giving timely advice and support to the Executive team and provides an important formal link to the facility's medical establishment.

A significant appointment during the year was Dr Richard Saker as JHC's first full-time Director of Medical Services. We welcome Dr Saker to the team.

I would like to register my appreciation of the contribution of Dr Brad Power in his Director of Medical Services capacity over the last seven years.

At this point, I would like to also acknowledge the work of Liz Prime for her enormous contribution to the development of nursing services at JHC.

Each year JHC allocates a specific budget for capital works, equipment and other purchases. In 2006/2007 there was a total capital expenditure exceeding \$2.2 million. Key equipment purchased included operating tables, diathermies, cystoscopes, gastroscopes and colonoscopes for operating theatres, as well as a range of patient monitoring and clinical assessment equipment for the other clinical areas.

Ramsay Health Care and JHC are very proud of the high quality of our staff, our relationships with our doctors and our ongoing commitment to improvement. A key factor that distinguishes JHC is our unique culture, best described as a "can-do" attitude. There are countless examples of this displayed every day throughout the hospital.

I extend a big thank you to our committed and loyal staff who work tirelessly to ensure we continue to provide excellent care to our patients. Only through their efforts have the achievements of the past 12 months been possible.



NURSING

services report



Shane Combs

Acting Director of Nursing

I would like to thank the nurses and midwives at Joondalup Health Campus, who continue to demonstrate excellence in clinical care and commitment to improving nursing and midwifery practice. Highlights of the year include:

Education and Research Unit (ERU)

In October 2006, Nurse Research Consultant Rose Chapman and I went to Toronto, Canada to present at the Practice to Policy Conference. I showcased the innovative work undertaken in the Emergency Department (ED) on Fast Track, which is the treatment of minor injuries and illnesses undertaken in a designated area of the ED. This has been extremely successful at JHC in reducing waiting times and time for treatment. Rose presented on 'Barriers and Gateways to Initiating Nurse Led Research in the ED 12 months on'.

Alan Tulloch joined the team in 2006 as an additional Nurse Research Consultant and is also a senior lecturer at the School of Nursing and Midwifery Curtin University of Technology. As a result of Alan's appointment the ERU is now able to provide research support to all clinical areas.

The Research and Practice Development Unit (RPDU) was established to work with the ERU to promote the research carried out at JHC. The RPDU expanded its committee to include a representative from Allied Health. All clinical areas have their own local Research Unit. Projects undertaken in 2006/07 included Critical Care Patient Diaries, Family Witnessed Resuscitation in ED, OWL Project (Orthopaedic Wound Lesions), and the Impact of Wearing Uniforms in the Mental Health Unit.

Education

JHC's internal education department fulfills a valuable role in supporting our nursing services across the hospital. Part of their role is the provision of support for graduate programs.

JHC actively recruits graduates from registered and enrolled nurse programs across WA. The pilot enrolled nurse (EN) intake group in September 2006 consisted of six EN graduates. We then evaluated, modified and implemented our current program and took our first EN intake of 13 graduates in March 2007. These graduates are rapidly becoming invaluable members of the JHC nursing team and ensure JHC continues to provide excellent care to our community.



Key achievements, innovation and progress made by the Education Unit in 2006-07 included:

- Resuscitation Train the Trainer program supported and updated; Australian Resuscitation Council (ARC) guidelines implemented – revisions of resuscitation policies, learning programs and competencies
- Advanced Life Support program accredited by the Australian Resuscitation Committee. JHC is the only WA hospital to have its own Australia ALS Program accredited
- Development of second year graduate programs in the paediatric, theatre and mental health areas
- Design and implementation of performance competencies specific to graduate registered nurses
- Provision of preceptor awards based on evaluations from graduates, Staff Development Nurses and Unit Managers
- Continued collaboration with Edith Cowan University on the pilot 'Clinical Collaborative Model' for placement of undergraduate nursing students
- Achieved Australian Council on Healthcare Standards Extensive Achievement rating for Learning and Development
- Supported an increased number of graduate nurses in the RN graduate nurse program
- Design, implementation and evaluation of the EN graduate nurse program.

Clinical Governance

In line with JHC's commitment to effective clinical governance, the Clinical Governance Unit was restructured to report jointly to both the Director of Nursing and Director Medical Services.

JHC is fully accredited with the Australian Council on Healthcare Standards (ACHS). The ACHS regularly assesses a health care facility's ability to meet agreed standards in clinical, support and corporate areas of service as well as the facility's commitment to continuous quality improvement.

The year in review saw continuing improvements in patient services resulting from the May 2006 accreditation process:

Identification of potential risk of infant shoulder dystocia incidents during delivery – practice changes:

- Root cause analysis process completed
- Changes to perinatal assessment process, related Work Practice and documentation
- Ongoing monitoring in place for at risk patients.

Resuscitation of the newborn:

- New Australian standards implemented at JHC
- Interdisciplinary process from Obstetric and Paediatric departments
- Revised work practice, staff training and processes implemented.

Patient Diaries – Intensive Care Unit (ICU):

- Evidence based introduction of patient diaries within ICU
- Has enhanced carer/family involvement in patient care



- Improved patient outcomes following ICU discharge - psychological, social and physical
- Study findings presented nationally and internationally.

Video Fluoroscopy for speech and swallowing difficulties:

- Recent improvement in service with picture and voice recording to DVD
- Program to improve referral response rate with demonstrated referral timeline improvements.

Physiotherapy service for orthopaedic patients:

- Review of physiotherapy services provided for the key eight orthopaedic cases managed at JHC
- Introduction of new evidence based physiotherapy guidelines
- Staff educated and new guidelines implemented.

Acute assessment and management of asthma:

- Interdisciplinary/departmental activity - Emergency, Internal Medicine and Nursing departments
- Evidence based work practice and assessment/management plan developed
- Staff educated and new processes implemented.

Occupational Therapy - hand and upper limb therapy:

- Evidence based practice review of protocols in hand and upper limb therapy
- Principal outcome saw the development of an evidence based work practice for median nerve injury treatment and the introduction of a dedicated hand and upper limb therapy service.

Patient Health Information (PHI) resources:

- Review of currency, evidence base and format of written JHC PHI resources

- Conversion to the format that complies with the 2007 State Government Access Guidelines for Information, Services and Facilities
- Access to PHI on the JHC intranet to assist with provision to patients at point of care.

National Inpatient Medication Chart (NIMC):

- Expansion of the NIMC to include private patients in addition to the public patients
- Implementation of an interdisciplinary online learning package.

Patient And Client Satisfaction

JHC's commitment to quality improvement in healthcare is demonstrated through continuous patient and client feedback surveys conducted both externally and internally. The principal objective in seeking feedback is to discover how to improve every aspect of healthcare service delivery.

From January to July 2007, there was a marked increase in internal patient feedback cards. This was a direct result of a marketing program led by the JHC Quality Office outlining the importance of continuous patient feedback.

JHC has recently widened the scope of the patient satisfaction services to include the Emergency Department, Mental Health Unit and Renal Department.

Overall, comments reflect our culture, rating the staff at JHC as generally professional, friendly, caring and helpful. They also provide evidence of JHC's consistently high levels of service quality.

The JHC Executive team fully supports the recommendations arising from each patient feedback survey.



THE YEAR IN REVIEW SAW MANY IMPROVEMENTS IN PATIENT SERVICES.

Clinical Leadership

JHC provides high-level and comprehensive obstetric, midwifery and paediatric services to almost 2,000 women every year. Demand for these services continues to grow strongly, providing challenges for existing services. An example is the Outpatient Cardiotocograph (CTG) Monitoring Service, which is an advanced service. The objective of performing CTGs on antenatal women is to ensure the earliest possible identification and treatment for threats of the foetus in utero.

Due to the significant increase in outpatient attendances at JHC, with the resultant increase in the demand for CTG monitoring, the need was identified to provide a more efficient and time effective service to decrease waiting times and enhance accessibility of services within the Birth-Suite assessment area.

A Birth-Suite waiting room was converted to a CTG room after an alternative waiting area was identified. To ensure the effective utilisation of staff within the area, a Triage Midwife was appointed to assess the outpatient attendances and provide comprehensive birth-suite support as required.

The CTG Clinic is currently offered to expectant mothers on weekdays from 8am to 2pm and has facilitated increased outpatient activity, resulting in improved services for both expectant mothers and staff. The continuity of care provided by the Triage Midwife has dramatically reduced the numbers of CTGs requiring repeat appointments.

It is anticipated that further benefits will be realised as the service continues to develop.

The service also provides a clinical training facility for

- Resident Medical Officers
- Student midwives
- Postgraduate midwives
- Meeting the Core Competency requirements of the JHC midwives.

In the future it is proposed that JHC will work in association with ECU to enhance clinical learning resources in the obstetric arena. JHC trialed a remote foetal monitoring system in 2007 to provide an improved system of data collection and storage of traces.

Emergency Department Nurse Practitioners

August 2006 saw the ED become the first in WA to introduce Nurse Practitioners (NPs). The Minister for Health, The Hon Jim McGinty formally launched the NPs in the JHC ED. Bronwyn Nicholson and Paula Davis (pictured below right) were JHC's first two ED NPs, having worked in JHC's ED for several years before completing their NP education.

Bronwyn spent a great deal of time in 2006/07 working in the Department of Health to develop clinical practice guidelines for use by ED NPs across WA. The ED NPs are another innovation assisting JHC to reduce ED waiting times and treatment times. Patients who have used the NPs' services have praised their clinical and communication skills.

Finally, I wish to express to all the team my great appreciation for all their hard work in caring for our patients.



CTG Monitoring Service



Bronwyn Nicholson and Paula Davis

JHC

research presentations/publications 2006-2007

Date	Conference/Publication	Presentation/Paper Title	Presenter/Author/s
September 2006	Australian Nurse Teachers Society, Canberra Australia	Implementing Nurse-led Research: One hospital's journey.	Gatzonis, L., Chapman, R. & Combs, S.
September 2006	CENA, Hobart Australia	Pain management of children in the emergency department: a change of practice to provide a better outcome in our pain management process.	Porter, G., Chapman, R. & Combs, S.
		Heading bush: skill development in rural setting.	Ferrier, M., Chapman, R. & Combs, S.
		Reporting violence & aggression incidence in ED.	Gray, L. & Chapman, R.
		Mental Health patient in the ED: What nurses need to know	Kerrison, S. & Chapman, R.
October 2006	Practice to Policy, Canada	Barrier and gateways to initiating nurse led research in the ED: 12 months on.	Chapman, R. & Combs, S.
		Fast Track to success.	Combs, S. & Chapman, R.
October 2006	University Northern British Columbia, Canada	Achieving excellence in health care delivery through collaboration.	Combs, S. & Chapman, R.
October 2006	Research Day, Curtin University	Admission & discharge practices: High Dependency Unit audit outcome.	Tulloch, A., How, C., Brent, M., Chapman, R., Burns, B. & Pomery, S.
November 2006	Dublin	Barrier and gateways to initiating nurse led research in the ED: 12 months on.	Chapman, R. & Combs, S.
June 2007	8th International Family Nursing Conference, Bangkok, Thailand	Patient diaries in ICU: Preliminary results	Ewens, B & Tulloch, A

Additional Nurse Research Consultants 2006-2007:

Associate Professor Barbara Horner, Curtin University of Technology (Aged Care and Restorative)

Dr Ravani Chetty, Curtin University of Technology (Maternal and Child Health)

Pauline Nathan, Curtin University of Technology (Mental Health).

SERVICE IMPROVEMENT quality report

In August 2006 JHC was awarded full four-year accreditation status from the Australian Council on Healthcare Standards (ACHS). JHC received seven recommendations, each of which has been fully addressed.

The next phase of the EQUIP (Evaluation and Quality Improvement Program) cycle at JHC is the submission of the Site Self Assessment (SSA) report to the ACHS, set for 8 October 2007. This will see the ACHS assess JHC using the new version EQUIP for the first time.

The EQUIP program at JHC is well structured and broad-ranging. The structure and support provided by the quality team continues to assist with a number of well researched studies. The quality program encourages improvements in clinical and support and corporate areas.

Quality activities are recorded on a register, with monthly reporting through the managers' reports. There are good links between the JHC strategic quality direction and department plans.

Clinical quality is primarily managed through the Patient Care Review Committee. This group evaluates clinical indicator data and significant incidents, and receives reports from medical department meetings.

JHC has been a trial site for the national medication chart. Additional education for staff has seen improvements in compliance audit results.

As the quality program continues to mature it will be important to strengthen the focus on the benchmarking of outcome data.

The relevant Departmental Manager reviews each OFI before submission to the Quality office. Many OFIs represent simple changes to process and environment, but in the case of complex scenarios the presented suggestion is adopted into the Quality and Improvement Program.

Examples of improvements arising from patient feedback card suggestions include:

- Improvement strategies to reduce wait times in the ED through the introduction of the Nurse Practitioner Service
- Increased operating hours in the After Hours GP Clinic
- Review of process mapping in the ED, improving patient assessment processes.

Patient Satisfaction Surveys

Overall feedback through targeted patient satisfaction surveys continues to be positive. Improvement suggestions are discussed at the ward level and, where relevant, are tabled at the Patient Care Review Committee, the Community Board of Advice and through various hospital committees.

Examples during this period include:

- Emergency Department Nurse Practitioner Survey
- Occupational Therapy service
- Acute Pain Service - intervention effectiveness
- Admission to the Paediatric Unit
- Discharge Follow Up - Day Procedure Unit After Hours GP Service.



COMMUNITY board of advice

The Community Board of Advice met four times during the year and continues its valuable role of assisting the hospital by providing feedback, advice and support.

Members make contributions in various ways, including reviewing service outputs on behalf of the community.

Members of the Community Board of Advice at 30 June 2007:

Mr John Croser

Chairman
Clinical Representative

Vacant

Deputy Chairman

Cr Tracey Roberts

City of Wanneroo

Hon Tony O’Gorman,

Member for Joondalup
State Government
Representative

Cr Albert Jacob

City of Joondalup

Mr Neville Lane

Health Consumers Council
Health Consumers Council
Representative

Mr Carl Cartwright

Department of Health
Department of Health
Representative

Mr Lyn James

Community Representative

Ms Alessandra D’Amico

Community Representative

Ms Nadia Maiolo

Community Youth
Representative

Mr Tony Geddes

Orthopaedic Surgeon
Clinical Representative

Rev. Elizabeth O’Neil

Pastoral Care, JHC

Ms Diane Jones

Deputy Chief Executive Officer
JHC Executive Representative

Mr Shane Combs

A/Director of Nursing
JHC Executive Representative

Ms Jodie Leishman

Executive Secretary
Minutes Secretary

MEDICAL advisory committee

The Heads of Department/Medical Advisory Committee (HOD/MAC) is the formal organisational structure through which accredited practitioners formulate and communicate their collective views.

HOD/MAC consists of one representative of each clinical department and met six times during the year.

The committee’s objectives include:

- Providing a means for practitioners to participate in the policy-making and planning processes of the hospital
- Advising the CEO of appropriate policies for the clinical organisation of the hospital
- Participating in the planning, development and implementation of quality programs of the hospital
- Assisting in identifying the health needs of the community and advising the CEO on appropriate services
- Reviewing recommendations for appointment of practitioners
- Ensuring accredited practitioners comply with JHC bylaws.



ETHICS committee

Members of HOD/MAC at 30 June 2007:

Mr James Aitken	General Surgery
Mr Shane Combs	Acting Director of Nursing
Mr Kempton Cowan	Chief Executive Officer
Dr George Garas	Gastroenterology
Mr Tony Geddes	Chairperson/Orthopaedics
Dr Martin Marshall	Radiology
Dr Glenys Ismail	Anaesthetics
Ms Diane Jones	Deputy Chief Executive Officer
Mr Jes Judge	Urology
Dr Margo Norman	Obstetrics and Gynaecology
Dr Mike Oehlers	General Practice
Dr Paul Porter	Paediatrics
Dr Brad Power	Director of Medical Services / Intensive Care
Dr Stephen Richards	General Medicine
Dr Richard Saker	Director of Medical Services
Dr Paul Skerritt	Psychiatry
Dr Farid Taba	GP Liaison Officer
Dr Peter Thompson	Cardiology
Dr Barry Vieira	Rehabilitation & Aged Care
Dr Steve Ward	Diagnostics
Dr Simon Wood	Emergency Medicine

JHC's Human Research Ethics Committee is constituted under the guidelines of the National Health and Medical Research Council. The Committee met six times during the year and considered 24 applications. One of these applications was withdrawn, eleven were considered to be quality assurance projects, and twelve were approved as research projects. Some studies continue from previous years, with 35 currently running.

Members of the Ethics Committee at 30 June 2007:

external members

Dr Michael Anderson

Chairman

Ms Melanie Naylor

Lawyer

Ms Leanne Wood

Lay member

To be appointed

Lay member

internal members

Dr Paul Bailey

Emergency Care Physician

Mr Brendon Burns

Acting Deputy Director of Nursing

Mr Shane Combs

Acting Director of Nursing

Ms Ann Hammer

Executive Officer to the committee

Mrs Elizabeth O'Neil

Pastoral Care

Dr Brad Power

Director of Medical Services
and Director of Intensive Care

administrative

Ms Jodie Leishman

Minutes secretary



EMERGENCY department

2006/2007 saw a further increase in Emergency Department activity compared with 2005/06.

Overall presentations increased by 11% from 47,373 in 2005/06 to 52,797 in 2006/07. ED-generated admissions increased by a similar percentage. Casemix - as measured by proportions of Australian Triage Score (ATS) categories and admission rates - remained largely unchanged, indicating that the increase in activity continues to be across the board (although there has been a slight increase in the higher urgency cases).

Despite the significant increase in ED presentations, the number of patients leaving before treatment (Did Not Waits) remained at around 4% for the year, which is favourable in comparison to the national average.

Performance in waiting time benchmarks also continued to compare favourably against that of peer-group hospitals.

The ED's commitment to education and training for both medical and nursing staff remained strong. The number of positions for the second-year Graduate Nurse program increased through the introduction of a mid-year intake. In addition, five ED placements

were made available to the post-graduate Emergency Nursing course facilitated in partnership with SCGH, Fremantle and Rockingham Hospitals.

Existing relationships with the University of Western Australia continued with the ED providing clinical placements for final-year medical students. The ED was also involved in a pilot project run by WAGPET (WA General Practice Education & Training) to provide clinical training to resident medical officers participating in the Community Residency Program. Existing in-house education and training for interns and residents continued, as well as a separate program for trainee and non-trainee registrars.

The focus of education for advanced trainees with the Australasian College for Emergency Medicine (ACEM) continued to be primarily in the area of paediatric emergency medicine. Part 1 and Part 2 ACEM trainee education continued in conjunction with the program at SCGH ED. Several registrars successfully completed the ACEM Part 1 examination. One of the senior ED registrars, Dr Michael Richardson, also successfully completed the ACEM Part 2 examination and joined the ED Consultant group, becoming the fourth homegrown emergency physician on staff.

Triage Category	Total Presentations	%	Difference from prior year (2005/06)
ATS 1	410	0.7%	18%
ATS 2	5903	11.0%	16%
ATS 3	15347	29.1%	15%
ATS 4	29026	55.0%	16%
ATS 5	2211	4.2%	-40%
Total	52797		11%

PAEDIATRIC unit

JHC's 24-bed Paediatric Unit accepts children up to age 16 from the ED, paediatricians' consulting rooms and northern suburbs GP clinics. Transfers from Princess Margaret Hospital are also accepted so that families can be closer to home. The unit looks after medical, surgical, day surgical and orthopaedic patients.

The Paediatric Unit seeks to provide an appropriate environment in which to care for children. An example of this is an annual fundraising event, the proceeds of which will be put towards creating distraction therapy for children in stressful situations. Children and families are educated in all aspects of health care, including allied health where appropriate.

The unit encourages staff to become involved in research to initiate best practice in clinical care. The recent appointment of a staff development nurse guides staff in this area, empowering them to initiate ongoing improvements in their clinical skills. The unit is dedicated to nurse education, including a post-graduate program accommodating two graduates each year.

Staff share knowledge and skills with the local community and other JHC employees as required

on a daily basis and in the form of a skills fair. This is an annual event with manned skills stations providing education directly to anyone interested in the care of sick children.

The unit is family friendly, encouraging and providing for a parent to stay with their child. Fold-out beds, meal and drink services and telephone access are provided, along with televisions and fun stations for children. The unit is affiliated with the Hospital School Visiting Service so those children who will be inpatients for an extended period can keep abreast of their academic work.

The unit embraces the Baby Friendly Hospital initiative by providing a comfortable environment for nursing mothers. The menu choices for children have recently been reviewed and the unit now offers healthier eating choices.

The unit's vision is to practice as a progressive, cohesive dedicated paediatric team providing research-based holistic care to patients and their families. By adhering to best practice guidelines, the unit ensures a positive experience for children in its care.

THE UNIT ENCOURAGES STAFF TO BECOME
INVOLVED IN RESEARCH TO INITIATE
BEST PRACTICE IN CLINICAL CARE.



MATERNAL and neonatal services

Catering for the demands of a growing population, the maternal and neonatal services at Joondalup Health Campus offer the following facilities:

- Specialist and Midwifery led antenatal clinics
- Diabetes in pregnancy clinic
- Antenatal education
- An 8-cot Level 2B Special Care Nursery
- 8 delivery suites
- Obstetric home visiting services
- Lactation Consultant Service, including antenatal education and complimentary support up to 10 days after birth.

Both public and private deliveries are expected to steadily increase over the years ahead. In 2006/07 1,937 births were recorded. Public births rose 1.6% [21] and private births increased by 20.6% [98] compared to the previous year.

There was a marked increase in the number of women accessing the obstetric home visiting service. In 2005/06 a total of 2,269 visits were made to 1,103 families. This number rose to 2,672 visits to 1,225 families in 2006/07.

During the last 12 months the maternity department, working closely with the neonatal unit, introduced Transitional Care. This is a unique service which allows some newborns who would previously have been transferred to the special care nursery, and therefore separated from their mother, to be cared for at their mother's bedside. This is done with support from neonatal nursing staff. Limited or no mother-baby separation reduces the stress of both mother and infant, improving breastfeeding uptakes and reducing time spent in hospital.



ALLIED health



Occupational Therapy

Patient activity and acuity increases at JHC during the year meant that increased Occupational Therapy resources were required to manage the increase in complexity of discharge planning.

Consistent with this, the Patient Hire Service acquiring increased levels of specialist equipment to facilitate safe discharge for patients from hospital to home.

The Hand and Upper Limb Therapy and Patient Equipment Hire service achieved high standards of service, as confirmed with excellent Patient Satisfaction Survey results.

The department continued to take students from both ECU and Curtin University. The new Student Clinics proved successful in providing valuable training to Occupational Therapy students.

To cope with the increase in demand for practicums, clinics have been developed for the coming year to provide regular falls prevention education on both the public and private restorative wards and review the Parkinson group program in Day Therapy. Students will help in research and evidence based practice activities to ensure best practice for these clinical areas.

Physiotherapy

The Physiotherapy Department continues to play an integral role in the delivery of high quality patient care at JHC. Physiotherapy is available seven days a week to public and private inpatients, and outpatient services are available on weekdays.

The department had a 57% increase in activity this year with 37,863 occasions of service provided by a dedicated staff of qualified physiotherapists and assistants. There was a strong focus on teamwork, continuing education and professional development, and an orientation program was implemented to support five new graduates who joined the team. The program featured an experienced physiotherapist providing highlights of the clinical education program, sessions on clinical Pilates and chronic pain management.

Links to the Schools of Physiotherapy at Notre Dame and Curtin Universities continue with the provision of clinical placements for undergraduate students. Three staff completed Education Workshops at Notre Dame University designed for physiotherapists teaching in the clinical setting.

JHC's Physiotherapy Department is recognised by the Australian Physiotherapy Association as a Quality Endorsed Physiotherapy Service. This program encourages practitioners to achieve a level of excellence by demonstrating an ongoing commitment to maintaining the standards of the physiotherapy profession.

Speech Pathology

The Speech Pathology Department at JHC is staffed by four qualified and experienced Speech Pathologists who deliver high quality care to inpatients and outpatients of the hospital. There were 4,100 occasions of service provided during the year.

Speech Pathology services provided include assessment and treatment of speech, language, voice, fluency and swallowing disorders. Specialty services offered include videofluoroscopy assessment of swallow function in conjunction with the Radiology department, and a developing private outpatient clinic for both adults and paediatrics.

All Speech Pathologists are members of the Speech Pathology Association of Australia. The department supports Curtin University by accepting students for clinical placement during undergraduate training.

Speech Pathologists provide input to the catering department to ensure appropriate menu options for patients with modified diet and fluid requirements, and promotes education opportunities for both catering and nursing staff by running regular workshops for managing swallowing difficulties.

Dietetics

The Dietetic Department's seven staff provide a service to all public and private inpatients, and public outpatient services to Antenatal, Oncology, Bariatric surgery and Aged Care patients. The department has also expanded services to increase the number of private outpatients by improved liaison with specialists and GPs in the community, providing both adult and paediatric care.

There were 3,727 occasions of service provided during the year.

All JHC dietitians are Accredited Practising Dietitians registered with the Dietitians Association of Australia, which guarantees an exceptional level of knowledge and training and adherence to evidence-based practice. The dietitians are all involved with various clinical interest groups, Department of Health and Clinical Network committees,

benchmarking forums and several other initiatives such as the Baby Friendly Hospital accreditation.

The Dietetics Department has a strong focus on staff education, providing regular workshops for graduate and current nurses in enteral feeding, diabetes and other surgical and medical areas. The dietitians provide all catering staff with special diet training and also ensure that the hospital food service continues to meet the requirements of all patients, including those with special dietary needs.

The department continues to foster links with Curtin University, supervising dietetic student clinical and food service placements and providing guest lectures on various clinical areas.

Social Work

The Social Work Department is made up of eleven social workers, providing a service to all public and private inpatients at JHC and Glengarry Hospital.

The department's intervention with patients and their families/ carers/significant others, range from aged care assessment ensuring that our elderly patients are discharged appropriately, to intervention in family domestic violence, alcohol and drug issues, carer stress, child protection, accommodation, loss and grief, financial concerns and assisting patients and their families with accident-caused trauma.

During the year the department provided 16,498 occasions of services, which was higher than planned and an increase from last year.

Record management in social work was reviewed and changes were made, which resulted in improved information management and further efficiencies in our work practice. The department was able to offer a 14 week training and supervision placement to a student from Edith Cowan University.

The department completed and implemented a hospital wide "Referral and Response to the Department of Child Development" proforma, in line with the Reciprocal Child Protection Policy with the Department of Child Development. The social workers are involved in numerous external relevant interest groups and committees including the Department of Health's WA Health Networks initiatives.



AFTER HOURS GP service

The After Hours GP Clinic experienced another busy year with the number of attendances growing by 13% to 13,039 in 2006/07. With its primary purpose of relieving pressure on the ED and provide back-up to local GPs outside of business hours, it is not surprising that the clinic experienced an increase in attendance growth similar to that of the ED.

In an effort to meet the demand for after hours GP services, the clinic brought forward its Saturday opening time from 3pm to 11am. Additionally, as the introduction of Practice Nurses on weekends in 2006 proved to be extremely successful, this has been extended to all shifts. Practice Nurses assist with initial patient assessment, treatment and the management of patient flow through the clinic.

The clinic operates between 7pm and 11pm on weekdays and between 11am and 11pm on weekends and public holidays. With funding assistance from the Department of Health, the clinic provides a timely and low-cost option for families who need after hours health care by offering bulkbilling for children under 16, pension and concession cardholders.

AFTER HOURS clinical nurse consultants

The after hours Clinical Nurse Consultants provide leadership and expert clinical skills to nurses and patients after hours.

The aim of the AH CNC role is to facilitate early recognition of deterioration in patients and ensure prompt and appropriate treatment. Evidence confirms that the recognition and treatment of critical illness improves patient outcomes.

During the year an Early Warning System was trialled to give clinical nurses clear guidelines of when to suspect deterioration in a patient and when to call the AH CNC. The AH CNC then has a clearly identified process of assessment and escalation policy. This system supports the Medical Emergency Team currently in place.

Other quality activities currently undertaken by the AH CNC team include an audit of guard forms and review of the guard policy. A new reporting system is also under review.

RISK MANAGEMENT occupational safety and health

There were 273 staff incidents in the 2006-2007 compared with 291 in 2005-2006, a decrease of 6% in the number of reported incidents. These accidents/incidents resulted in 20 Lost Time Injuries (LTIs), a 27% decrease from the previous year despite continuing significant increase in activity in all areas of the hospital.

OSH resources were strengthened in September 2006 with the appointment of a State Occupational Safety and Health Manager to support and assist the Occupational Safety and Health Program at JHC.


Key focus areas continue to be patient handling, violence and aggression prevention and emergency and security procedures.



MENTAL HEALTH

unit





STAKEHOLDERS SUCH AS THE COUNCIL OF OFFICIAL VISITORS HAVE COMMENTED HOW **WARM AND FRIENDLY** THE UNIT FEELS, AND ON THE INCREASED INTERACTION BETWEEN STAFF AND PATIENTS WHICH ENHANCES PATIENT PROGRESS.

The JHC Mental Health Unit (MHU) is comprised of 60 personnel and provides acute mental health in-patient assessment and treatment service for approximately 735 public and private patients per year. It also provides a telephone service for the wider community.

The MHU is a 31 bed authorised facility as defined by the 1996 Mental Health Act of Western Australia. The MHU includes 26 beds in an open ward and five psychiatric intensive care beds.

The working atmosphere on the unit is friendly and upbeat. Stakeholders such as the Council of Official Visitors have commented how warm and friendly the unit feels, and on the increased interaction between staff and patients which enhances patient progress.

Under JHC's continuum of care, approximate discharge dates are set following the first multidisciplinary review. This continues to be successful in assisting both patients and carers to plan for discharge.


A work practice was developed for Electro-Convulsive Therapy (ECT) to comply with best practice standards. A new ECT machine was purchased to comply with contemporary standards related to the delivery of safe ECT. An information package for patients and their carers was produced in response to patients' questions on treatment and to further inform them about ECT.

Current research on the introduction of uniforms for all staff has received ethics approval and collection of data will start in 2008.

Multidisciplinary patient care plans (MPCP) have been established and are currently being trialled, with feedback from staff expected to produce further improvements. The MPCPs are designed to enhance patient and carer involvement in the treatment planning process.

The trial of the Area Manager Level 2 position was completed successfully and a permanent position established. As a result of the appointment of a permanent staff development position, in-house staff education opportunities have been significantly increased. The Control and Restraint program has been reviewed and changes made accordingly, including an on-line learning package and face-to-face training.

The trial of an admissions/discharge nurse was successfully completed and a permanent position established to enhance communication with stakeholders in the admission/discharge process and provide excellence of service in these areas. An admission/orientation pamphlet for patients has been updated and is provided to all patients on admission. These packages have also been made available to Community Mental Health services to facilitate the patient admission process.



Patient information files providing information about various mental illnesses and government, local authority and community groups' contact details have been compiled and are available in the patient areas.

Kits to detect patient use of illicit substances while in the unit were trialled for their usefulness and relative cost savings. The trial proved successful in the timely detection and management of patients using illicit substances and the kits are now used routinely when illicit drug use is suspected, enabling early management strategies to be implemented.

Links with local community mental health services continue to be developed. There is a monthly liaison meeting with representatives from the JHC ED and both Clarkson and Joondalup Community Mental Health Clinics to develop strategies to address areas of mutual concern.

The MHU has voluntarily become involved in the Press Ganey Surveys to complement those undertaken on the unit. The in-house patient satisfaction surveys are very positive.

The unit has become more aligned with the Department of Health's bed management system to facilitate a more efficient and responsive mental health admission process throughout the State.

A review was undertaken of the Perinatal Service with the subsequent appointment of a part-time Level 3 Clinical Nurse Specialist. Social Work and Welfare Officer hours have been allocated to the perinatal service.

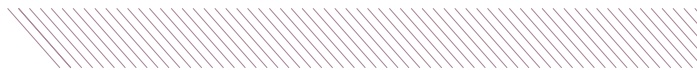
The unit has developed a closer relationship with CoPMI (Children of parents with a mental illness) to make the unit more family-friendly, and assisted in a successful application for external funding for a project officer for CoPMI.

Considerable management time has been spent in liaising with architects and project staff to ensure that plans for future building works are as safe and user-friendly as possible within budgetary restrictions.

The unit has participated in the training of medical students from UWA under the guidance of Professor Paul Skerritt.

During the year the unit was inspected by the Office of the Chief Psychiatrist, Clinical Governance; ACHS; Ramsay Clinical Governance; Department of Health (Private Licensing) and the Council of Official Visitors (monthly). All gave positive feedback on the development of the unit, with constructive suggestions for improvements.

EDUCATION and research unit



Meeting the needs of the patient, along with the needs of health care providers (both individuals and institutions) is a priority for all professions in the health industry. Providing educational opportunities and ensuring the provision of safe, quality care to the community is a priority for the Education and Research Unit at JHC.

The unit's role is to provide professional learning and development opportunities to all staff members in the organisation, encompassing both clinical and non-clinical representation. The philosophy is to provide excellence in education and research by fostering a positive learning culture throughout the organisation.

The unit is made up of a team of senior nurses holding education qualifications and experiences in differing nursing specialties. Two nurse educators completed their Master's degree in Health Science (Education) at the end of 2006.

Clinical education programs offered this year include IV cannulation, intermediate and advanced life support programs, diabetes study days, cardiac courses, senior nurse development days and clinical skill updates. In conjunction with the Alzheimer's Association, study days were provided on effective dementia care in the acute care setting.

The Australian Resuscitation Council has accredited the unit's Advanced Life Support program, the first hospital-based program in WA to achieve this accreditation.

JHC continues to support all staff in accessing education externally through study leave and financial support. During the year 232 requests were processed and 214 were granted study leave to attend courses and conferences. JHC spent \$53,292 in registration fees and supported 2,799 hours of paid study time. External study support is an important aspect of enhancing the knowledge of all staff. By supporting access to a variety of learning

opportunities, new and expanded knowledge and skills are returned to and applied within the campus, ensuring implementation of best practice which ultimately leads to improved patient outcomes.

During 2006/07 the unit's learning programs have been made accessible to nursing and medical staff working in the wider health community. Nurses working with agencies and nursing homes in the local community have participated in these programs. JHC also continues to support the local community with work experience programs for local high school and structured workplace learning students.

The unit's Enrolled Nurse and Registered Nurse graduate programs support new nursing graduates. In February 2006, 16 registered nurses completed the JHC first year general graduate program, with 14 continuing to work at JHC after completing the program. Another eight graduate registered nurses are due to complete their program in August 2007, and a further 21 commenced their first year graduate program in February.

In August 2007 JHC will hold its first graduation ceremony for six enrolled nurses who have completed their graduate program. Another 13 Enrolled Nurse graduates commenced their first-year graduate program in March, and a further seven are due to commence in September.





PROVIDING SUPPORTED CLINICAL OPPORTUNITIES FOR NURSE ACADEMICS IS VERY IMPORTANT.

Providing a structured graduate program for registered and enrolled nurses offers the opportunity for new practitioners to develop confidence and competence in a supportive environment, contributing to their individual growth as well as the growth of the nursing profession.

Partnerships with TAFE Colleges as well as metropolitan, country and interstate universities has seen JHC continue to support undergraduate students of nursing, allied health and medicine. Post-graduate nursing students are also supported in many areas such as midwifery, critical care and emergency. JHC continues to provide opportunities for clinical practice to nursing undergraduate students, making a significant contribution to clinical placements of undergraduate nurses. In 2006 321 placements were offered, increasing to 371 offers in 2007.

Providing supported clinical opportunities for nurse academics is also important. In collaboration with the School of Nursing, Midwifery

and Post Graduate Medicine at Edith Cowan University, a joint appointment for faculty practice was established. This provides nurse academics with the opportunity to enhance their nursing skills through access to supported clinical practice in the acute care setting at JHC.

Nursing research and practice development continues to be promoted through collaboration with Curtin University and the established joint appointments of Nurse Research Consultants at JHC. Nurse Research Units are functioning in all clinical areas of the hospital with membership open to all staff. With the guidance of the Nurse Research Consultants and other colleagues, staff are encouraged and supported in developing research proposals, conducting research and the implementation and evaluation of research initiatives in their clinical areas. Presentation and publication of findings is promoted to share research outcomes with the wider health community.

PASTORAL care

Pastoral Care staff and volunteers are dedicated to their task, offering 24-hour coverage every day of the year to those in need. Their task is to actively listen, support and accompany patients, family members, visitors and staff on their journey towards healing. They attempt to be present, respectful and compassionate. Team members offer an attitude of non-judgement and gentle guidance through appraisal of wellbeing, personal rapport, spiritual counsel, public prayer and bedside rituals. As part of the holistic approach to patient care, the team has established a wide referral source with hospitals, nursing homes and churches of all denominations in the northern districts and beyond.

The team actively assists JHC staff experiencing personal difficulties, illness and loss. They also refer staff to the employee assistance program that provides free, confidential, offsite counselling for those experiencing difficulties that may impact on their work.

In December 2006 JHC said a fond farewell to Reverend Gerry Doyle, whose special brand of pastoral ministry and highs and lows shared with colleagues and staff provide fond memories.

Two team leaders were appointed for the Coordinator's position. Elizabeth O'Neill and Eric Lindbloom, two new on-call Chaplains, joined the team, which was also augmented by a casual Chaplain and three volunteer pastoral assistants. In 2006/07 the team made more than 8,800 visits.

PASTORAL CARE STAFF ACTIVELY LISTEN, SUPPORT AND ACCOMPANY PATIENTS, FAMILY MEMBERS, VISITORS AND STAFF ON THEIR JOURNEY TOWARDS HEALING.

VOLUNTEERS

The volunteer Companions of Joondalup Health Campus make a wonderful and important contribution to JHC. The program is approved and registered as a non-profit organisation by the Department of Fair Trading. All volunteers are required to have a police clearance and sign a declaration of confidentiality and conflict of interest document. They must all attend an orientation workshop and refresh this information annually. All members are issued with ID cards and a distinguishing apron to be worn anytime they attend for their rostered service.

The Companions of Joondalup Hospital Campus provide assistance in most wards and many departments of the campus through the Volunteer Program. Currently there are 82 members, and allowing for sickness and leave, 60 volunteers attend every week. Twenty of the members do two shifts a week. There is now some evening cover and a team of five casuals, all contributing to the average of 184 hours worked each week.

Services include two daily trolley visits - one with sweets, emergency toiletries, some magazines and the daily paper, and the other for distribution of donated books or magazines. Suitable reading material in the ED is refreshed from this trolley. Wards that request a volunteer receive regular help with simple non-medical tasks as well as a companion for the patients.

The take-up of volunteers by wards or departments for help with repetitive tasks such as photocopying and filing is appreciated. To ensure the program flourishes, volunteers actively seek work and place information brochures in the State health publication All About Me, which is given to each new mother.

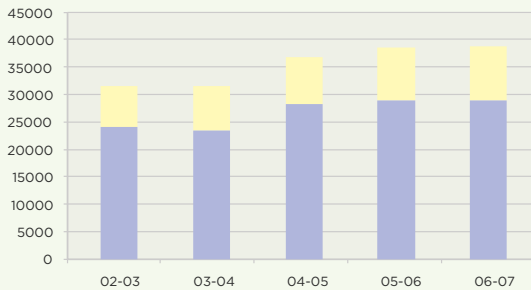
The program continually seeks occupation for volunteers, since if there is little to do it quickly loses members. Volunteer activities complement JHC services, and the program is vital to those in need.

It has been an excellent year and volunteers have all found great pleasure in being part of the many fundraising and staff events.

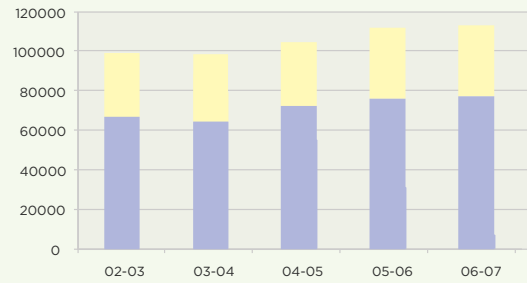


CLINICAL Indicators

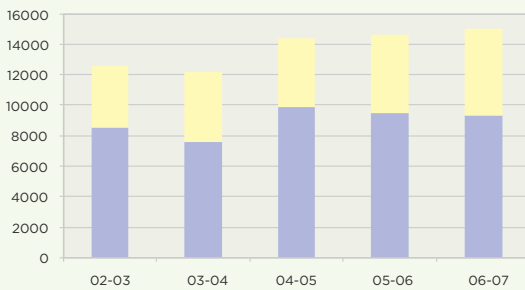
Hospital Admissions



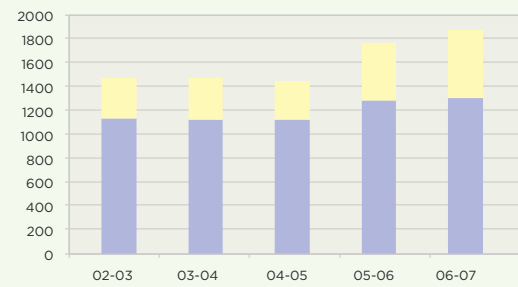
Patient Days



Operations

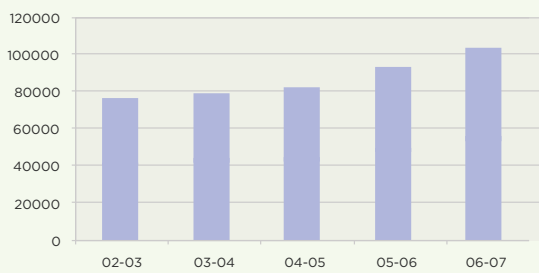


Births

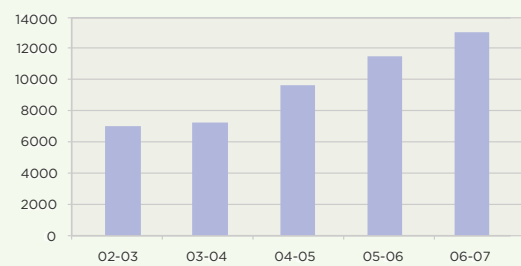


Public Private

Emergency Department Presentations & Patients Treated



After Hours GP Attendances



KEY personnel

Karina Anderson



Brendon Burns



Wendy Candy



Shane Combs



Kempton Cowan



Sally Harris



Diane Jones



Jim Lynton



Rob Morrison



Brad Power



Richard Saker



Simon Wood



executive members

team leaders

Martin Ashman



Sam Boggs



Marjorie Brent



Anne Curtis



Judy Dickens



Mary Ferrier



Lisa Gatzonis



Karen Glenn



Belinda Goodrum



Kim Greeve



Eryl Harnett



Kevin Hunter



Eric Lindbloom



Sam Luong



Chris McCavana



Kate McGivern



Karen Mews



Rona Moseley



Steve Nation



Lindy Nelson



Elizabeth O'Neill



Glenn Parham



Carol Pilcher



Narelle Polden



Lynley Ward



Collette Young



Michelle Young



Absent: Breffni Doyle, Lesley Grasby, Michael Payne, Bev Sylva, Bev Thorne, Angela Wigham



executive members

Karina Anderson	Administration Manager
Brendon Burns	Acting Deputy Director of Nursing
Wendy Candy	Acting Deputy Director of Nursing
Shane Combs	Acting Director of Nursing
Kempton Cowan	Chief Executive Officer
Sally Harris	Contract Manager
Diane Jones	Deputy Chief Executive Officer
Jim Lynton	Project Manager - Redevelopment
Robert Morrison	Director of Finance
Brad Power	Director of Intensive Care
Richard Saker	Director of Medical Services
Simon Wood	Medical Director Emergency Department

team leaders

Martin Ashman	Engineering Team Leader
Samantha Boggs	Manager Dietetic Services
Marjorie Brent	Acting Clinical Nurse Manager Cassia/1West/2West
Anne Curtis	Clinical Nurse Manager 1 East Medical
Judy Dickens	Private Reception/Medical Suites
Breffni Doyle	Hotel Services Manager
Mary Ferrier	Acting Clinical Nurse Manager - Emergency
Lisa Gatzonis	Clinical Nurse Manager - Education
Karen Glenn	Acting Clinical Nurse Manager - Maternal & Neonatal services
Belinda Goodrum	Clinical Nurse Manager - 2 East Surgical & 1 East Orthopaedics
Lesley Grasby	Clinical Nurse Manager - Operating Theatres
Kim Greeve	Medical Administration Manager
Eryl Harnett	Clinical Nurse Manager - Day Surgery
Kevin Hunter	Purchasing and Supply Manager
Eric Lindbloom	Coordinator Pastoral Care
Samantha Luong	Manager Social Work Services
Chris McCavana	Service Improvement/Communications Manager
Kate McGivern	Clinical Nurse Manager - Mental Health Services
Karen Mews	Manager Speech Pathology Services
Rona Moseley	Acting Clinical Nurse Manager - Paediatrics

Steve Nation	Risk Manager
Lindy Nelson	Library Manager
Elizabeth O'Neill	Coordinator Pastoral Care
Glenn Parham	Health Information Manager
Michael Payne	Acting Clinical Nurse Manager - Critical Care
Carol Pilcher	Bed Manager
Narelle Polden	Admissions Supervisor
Bev Sylva	WA Payroll Manager
Bev Thorne	Public Reception/Ward Clerk Relief, Supervisor
Lynley Ward	Manager Physiotherapy Services
Angela Wigham	Manager Occupational Therapy Services
Colette Young	Human Resources Manager
Michelle Young	Clinical Nurse Manager Rehabilitation & Aged Care - Private and Public

after hours managers

Sylvana Barnes
Eileen Briggs
Jocelyn Brouwers
Heather Cann
Gail Coote
Angie Monk
Julie-Anne Oates
Gail Rasmussen

after hours clinical nurse consultants

Janelle Black
Jocelyn Brouwers
Craig Cockshutt
Michelle Dillon
Angie Monk
Alison Murphy
Denice Wallis

JOONDALUP | HEALTH CAMPUS



JOONDALUP HEALTH CAMPUS

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